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(Requestor's Name)				
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(Document Number)				
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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Mc Bruce Properties Ltd.					
Name of Florida Limited Partnership or Limited Liability Limited Partnership					
The enclosed Certificate of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to:					
Amy McCarthy Contact Person					
Mc Bruce Properties, Ltd. Firm/Company					
1.0. Box 15553 Address W.P.B., F1. 33416 City, State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Amy Mc Carthy at (501) 373-4419 Name of Contact Person Area Code and Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$52.50 Filing Fee and Certificate of Status \$105.00 Filing Fee Certified Copy Certificate Of Status					
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314					

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Mc Bruce Propertion	es. Ltd.
Insert name currently	on file with Florida Department of State
limited liability limited partnership, whose co	02, Florida Statutes, this Florida limited partnership or ertificate was filed with the Florida Department of State on d Florida document number <u>A9700001368</u> , nt to its certificate of limited partnership.
adopts the following certificate of amendmen	nt to its certificate of limited partnership.
This amendment is submitted to amend the follow	
A. If amending name, enter the new name of here:	the limited partnership or limited liability limited partnership
New name must be distin	nguishable and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Part Acceptable Limited Liability Limited Partnership suffi	rtnership, Limited, L.P., LP, or Ltd. Rixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.
B. If amending mailing address and/or pr principal office address here:	rincipal office address, enter new mailing address and/or
New Principal Office Address: (Must be STREET address)	Lake Worth, FI. 33460
New Mailing Address: (May be post office box)	P.D. Box 15553 W.P.B., Fl. 33416
C. If amending the registered agent and/or renew registered agent and/or the new registered	registered office address on our records, <u>enter the name of the</u> d office address here:
Name of New Registered Agent: New Registered Office Address:	Amy McCarthy 145 Bryn Mawr Drive Enler Florida street address
	L·W· ,Florida FL 33460 City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

If Changing Registered Agent, Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
			Add 6
			Add
			Add Remove
	partnership or limited liability p" status, enter change here:	limited partnership is ame	nding its "limited liz

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

F. If amending any other infor	rmation, enter ch	nange(s) her	e: (Attach addi	tional sheets	s, if necessary.,	ı
General Partner	Addre	55 🕽				
J.S. + S. Inve	stment	s, Inc	· · · · · · · · · · · · · · · · · · ·			·
P.O. Box 15	5553					
W.P.B., FI	. 334	116			·	
Effective date, if other than the dat (Effective date cannot be prior to nor mon State.)	te of filing: 9 re than 90 days afte	23 14 er the date th	is document is file	ed by the Flo	rida Departmen	$\frac{1}{t \ of}$
Signatura(s) of a gameral mouth on						
Signature(s) of a general partner	or an general	partners*				
(*NOTE: Only one current general partnermoving a "limited liability limited partnermoving")	ership" election sta	atement. Cha	apter 620, F.S., re			
when adding or removing a "limited liabil	lity limited partners	ship" election	n statement.)		100	T
Amy Hilart	den				3	4 mm
					Mar 3	
					(C)	
					All the second s	
					*	
Signature(s) of all new or dissoci	ating general p	artner(s),	if any:			
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			· ···	 		
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50					
Certificate of Status (optional):	\$8.75					